

Exhibit
C

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

INMATE INJURY ASSESSMENT AND FOLLOWUP
(Medical)

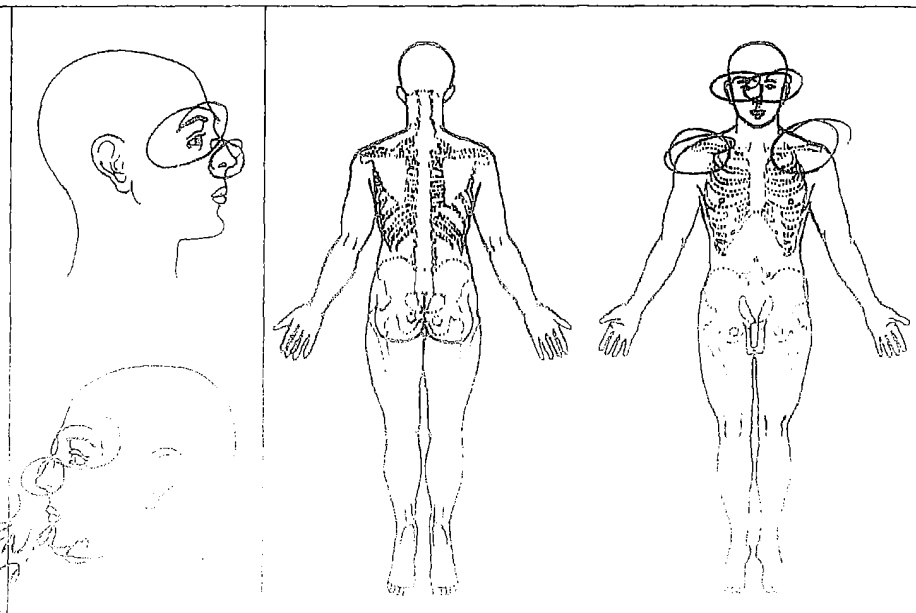
1. Institution FBI McKean		2. Name of Injured Donaldson Sidrick		3. Register Number 20102-018	
4. Injured's Duty Assignment Unit orderly		5. Housing Assignment BB		6. Date and Time of Injury 8/29/03 1300	
7. Where Did Injury Happen (Be specific as to location) Classroom Education				8. Date and Time Reported for Treatment 8/29/03 1305	
9. Subjective: (Injured's Statement as to How Injury Occurred) (Symptoms as Reported by Patient) "I was sitting on my chair when inmate [redacted] threw a hot fluid in my face" Pain 10 on 1-10 scale unable to sign Signature of Patient					
10. Objective: (Observations or Findings from Examination) 2° burn nose & face both shoulders 1° burn eyes very red, irritated, tearing				X-Rays Taken _____ Not Indicated <input checked="" type="checkbox"/> X-Ray Results	
11. Assessment: (Analysis of Facts Based on Subjective and Objective Data) 1° & 2° burns					
12. Plan: (Diagnostic Procedures with Results, Treatment and Recommended Follow-up) 1) Eyes, Face rinsed w cold H ₂ O 2) Woods lamp exam done 3) Silvadine to areas 4) TO Hospital					
13. This Injury Required: <input type="checkbox"/> a. No Medical Attention <input checked="" type="checkbox"/> b. Minor First Aid <input type="checkbox"/> c. Hospitalization <input type="checkbox"/> d. Other (explain) TO Hospital					

Exhibit C page (1)

D046

Ex. C

BRADFORD REGIONAL MEDICAL CENTER

BRADFORD NURSING PAVILION

DATE

Note progress of case, complication, consultations, change in diagnosis, condition on discharge, instructions to patient

8/29/13

4:45pm

Ophthalmology

Hx 26yo prisoner splashed in face & eyes with a mixture of mullin oil, pepper, & oven cleaner. Left eye got more of material in it. Prisoner flushed eyes lat prison = filled by staff & flushing. Morgan lens used to irrigate both eyes. Pt states eyes are more comfortable since morgan lens. Vision blurred left eye more so than right. No previous problems with vision. Normal acuity 20/40 cu.

meds ☒

Allergies NKDA

Poclt ☒

Exam

distance

20/100
20/200R 4 @ 400
L 4

C/K Follow

8cm full

pH 8.0 (2)
8.0 (2)

Ext burns to nose & cheeks

Slit lamp

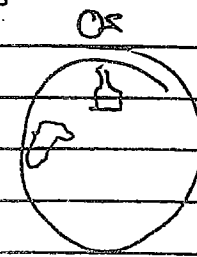
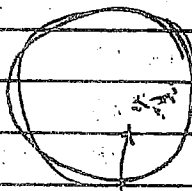
Lids - normal

conj 2+ injection

Cornea

Ant Chamber - Normal

lens clear



AP Chemical Keratitis OS OD

Tx Erythro ophth. out

to cu @ 40 until defect

sealed. If still inflamed p480

have may consider topical steroid.

Flu at FCS McKean & Dr Beam.

Call if further eval needed.

PROGRESS RECORD



124

Exhibit C

9/2/13

page(2) D047

J. Starnes MD

205-0117

Sedrick Davidson



**EMERGENCY DEPARTMENT
TRIAGE ASSESSMENT
PHYSICIAN ORDERS**

SIGN IN TIME:

1510

TIME INTO ED:

1515

TRIAGE TIME:

1510


RM #

7E

DATE: 8/17/05	LAST NAME: Donaldson	FIRST NAME: Sadrick	AGE: 26	DOB: 3/29/77
CC: Chemical burn to face and	TRIAGE LEVEL: I	ED MD		
TRIAGE NOTE: <i>ulcer - mixture of musclinol & pepper + over</i> <i>clean</i>				
ARRIVED VIA: <input type="checkbox"/> WALK <input type="checkbox"/> WC <input type="checkbox"/> STRETCHER <input type="checkbox"/> CARRIED <input type="checkbox"/> AMBULANCE <input type="checkbox"/> BLS <input type="checkbox"/> ALS	SERVICE: <input type="checkbox"/> NURSING HOME	TRIAGE NURSE SIGN:	ATTENDING MD:	SERVICE PCP:
PRG: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	LMP: <i>NA</i>	<input type="checkbox"/> HYST <input type="checkbox"/> PM	LAST TETANUS: <i>NA</i>	PRE HOSPITAL CARE: <input type="checkbox"/> NONE <input type="checkbox"/> C SPINE IMMOBILIZED <input type="checkbox"/> 0,0 <input type="checkbox"/> IV
PMH:	<i>@ prison</i>			

CURRENT MEDICATIONS: <input type="checkbox"/> NONE <input type="checkbox"/> USE OF HERBS	ALLERGIES: <input type="checkbox"/> FOOD <input type="checkbox"/> LATEX	VITAL SIGNS:	TIME: 1510	T: 99.1	P: 76	R: 16	BP: 138/82
<input type="checkbox"/> PNEUMOCOCCAL VACCINE <input type="checkbox"/> FLU SHOT	<i>none</i>	<i>NA</i>	TIME: 1510	SpO ₂	TIME: 1510	SpO ₂	Wt: 130 lbs
PAIN: <i>NA</i>		Denies: <input type="checkbox"/> Denies		Scale: <i>7/10</i>		Location: <i>face</i>	
Onset: <i>NA</i>		Radiates to: <i>NA</i>		Type: <input type="checkbox"/> Constant <input type="checkbox"/> Variable <input type="checkbox"/> Intermittent		Quality: <input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Ache <input type="checkbox"/> Throbbing <input type="checkbox"/> Heavy <input type="checkbox"/> Tightness <input type="checkbox"/> Cramping <input type="checkbox"/> Pressure	
D.V. SCREEN: <input type="checkbox"/> Are you living in a situation where you feel you are afraid or abused <input type="checkbox"/> Y <input type="checkbox"/> N		ADVANCED DIRECTIVES: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Visual Acuity: <input type="checkbox"/> With Lenses <input checked="" type="checkbox"/> Without Lenses		<i>20/20 OS 20/20 OD 20/70 OU</i>	

NURSING ASSESSMENT				TIME: 1510	ORTHO VS: <input type="checkbox"/> O <input type="checkbox"/> Q <input type="checkbox"/> P
TIME: 1510				RESTRAINTS TYPE: <input type="checkbox"/>	
<input type="checkbox"/> CARDIAC MONITORING <input type="checkbox"/> CONTINUOUS PULSE OXIMETRY <input type="checkbox"/> ICE APPLIED <input type="checkbox"/> GLUCOMETER				<input type="checkbox"/> CALL BELL <input type="checkbox"/> N/A	
<input type="checkbox"/> WOUND/BURN CARE <input type="checkbox"/> CRUTCH TRAINING <input type="checkbox"/> WORK/SCHOOL EXCUSE <input type="checkbox"/> DRESSING				<input type="checkbox"/> SIDE RAILS UP <input type="checkbox"/> N/A	
9/0 15+ x 2nd burn face side				VALUABLES: <input type="checkbox"/> NONE <input type="checkbox"/> GLASSES <input type="checkbox"/> HEARING AID	
Shoulders - irritation & burning of				<input type="checkbox"/> JEWELRY <input type="checkbox"/> DENTURES <input type="checkbox"/> CLOTHING	
eyes. Eyes were flushed at the time of				<input type="checkbox"/> CONTACTS <input type="checkbox"/> OTHER	
pressure. Pressure applied to burn				LABORATORY: <input type="checkbox"/> CBC & diff <input type="checkbox"/> UA <input type="checkbox"/> C & S <input type="checkbox"/> Cath <input type="checkbox"/> Cl catch	
injection. Injection applied to burn				<input type="checkbox"/> BMP <input type="checkbox"/> CMP <input type="checkbox"/> THROAT CS	
injection. Injection applied to burn				<input type="checkbox"/> PT/PTT/INR <input type="checkbox"/> GC / CHLAMYDIA	
injection. Injection applied to burn				<input type="checkbox"/> AMY <input type="checkbox"/> LIP <input type="checkbox"/> STREP	
injection. Injection applied to burn				<input type="checkbox"/> CK <input type="checkbox"/> TROP <input type="checkbox"/> RAPID C & S	
injection. Injection applied to burn				<input type="checkbox"/> ABG <input type="checkbox"/> SPUTUM	
injection. Injection applied to burn				<input type="checkbox"/> BHCG <input type="checkbox"/> ST <input type="checkbox"/> GS <input type="checkbox"/> C & S <input type="checkbox"/> AFB	
injection. Injection applied to burn				<input type="checkbox"/> CCU PROFILE <input type="checkbox"/> WOUND	
injection. Injection applied to burn				<input type="checkbox"/> HEPATIC PRO. <input type="checkbox"/> AEROB. ANAEROBIC	
injection. Injection applied to burn				<input type="checkbox"/> DRUG SCREEN <input type="checkbox"/> EKG	
injection. Injection applied to burn				<input type="checkbox"/> TRAUMA PRO <input type="checkbox"/> MONITOR	
injection. Injection applied to burn				<input type="checkbox"/> T & S <input type="checkbox"/> SpO ₂	
injection. Injection applied to burn				<input type="checkbox"/> T & C units <input type="checkbox"/> O ₂ <input type="checkbox"/> CANNULA <input type="checkbox"/> MASKING	

Nurse: <i>Thompson</i> Unit: <i>10</i> <i>6065</i>		<input type="checkbox"/> ASA <input type="checkbox"/> APAP <input type="checkbox"/> CXH <input type="checkbox"/> PA & LAT
		<input type="checkbox"/> TEGRETOL <input type="checkbox"/> C-SPINE
		<input type="checkbox"/> OTHER <input type="checkbox"/> SURG ABD
DISPOSITION: <input type="checkbox"/> OBSERVATION <input type="checkbox"/> ADMIT <input type="checkbox"/> BED # _____	<input type="checkbox"/> HOME <input checked="" type="checkbox"/> PT. RECEIVED WRITTEN INSTRUCTIONS	<input type="checkbox"/> KUB
TRANSFERRED TO: _____		<input type="checkbox"/> US _____
RECEIVING MD: _____ REFERRING MD: _____		<input type="checkbox"/> CT
REPORT TO: _____	TIME OUT: <i>11/15</i> ACCOMPANIED BY: <i>Guok</i>	<input type="checkbox"/> CONTRAST <input type="checkbox"/> WITHOUT
DISCHARGE NURSE SIGNATURE: <i>[Signature]</i>		<input type="checkbox"/> RESP. TMT BY NURSE
CONDITION: <input type="checkbox"/> STABLE <input checked="" type="checkbox"/> IMPROVED <input type="checkbox"/> NO CHANGE <input type="checkbox"/> CRITICAL <input type="checkbox"/> EXPIRED <input type="checkbox"/> DOA		
 164	DIAGNOSIS: _____	Reviewed by D. Olson, MD <i>9/2/13</i>
	<input type="checkbox"/> T-SHEET <input type="checkbox"/> DICTATED	
	MD / CRNP SIGNATURE: _____	

D049

Exhibit C page (4.)



BRADFORD, PENNSYLVANIA

RECORD OF TETANUS & DIPHTHERIA TOXOID BOOSTER

NAME: Andrew Donaldson

RECEIVED A TETANUS & DIPHTHERIA TOXOID BOOSTER ON

8/29/03
DATEThis card is an important part of your medical history—
Please carry it with you.

6780-005 2/95

VACCINES

WHAT YOU NEED TO KNOW

1 Why get vaccinated?

Diphtheria, tetanus, and pertussis are serious diseases caused by bacteria. Diphtheria and pertussis are spread from person to person. Tetanus enters the body through cuts or wounds.

DIPHTHERIA causes a thick covering in the back of the throat.

- It can lead to breathing problems, paralysis, heart failure, and even death.

TETANUS (Lockjaw) causes painful tightening of the muscles, usually all over the body.

- It can lead to "locking" of the jaw so the victim cannot open his mouth or swallow. Tetanus leads to death in about 1 out of 10 cases.

PERTUSSIS (Whooping Cough) causes coughing spells so bad that it is hard for infants to eat, drink, or breathe. These spells can last for weeks.

- It can lead to pneumonia, seizures (jerking and staring spells), brain damage, and death.

Diphtheria, tetanus, and pertussis vaccine (DTaP) can help prevent these diseases. Most children who are vaccinated with DTaP will be protected throughout childhood. Many more children would get these diseases if we stopped vaccinating.

DTaP is a safer version of an older vaccine called DTP. DTP is no longer used in the United States.

2 Who should get DTaP vaccine and when?

Everyone should get 5 doses of DTaP vaccine, one dose at each of the following ages:

2 months 4 months 6 months
15-18 months 4-6 years

DTaP may be given at the same time as other vaccines.

3

Some children should not get DTaP vaccine or should wait

- Children with minor illnesses, such as a cold, may be vaccinated. But children who are moderately or severely ill should usually wait until they recover before getting DTaP vaccine.
- Any child who had a life-threatening allergic reaction after a dose of DTaP should not get another dose.
- Any child who suffered a brain or nervous system disease within 7 days after a dose of DTaP should not get another dose.
- Talk with your doctor if your child:
 - had a seizure or collapsed after a dose of DTaP,
 - cried non-stop for 3 hours or more after a dose of DTaP,
 - had a fever over 105°F after a dose of DTaP.

Ask your health care provider for more information. Some of these children should not get another dose of pertussis vaccine, but may get a vaccine without pertussis, called DT.

4

Older children and adults

DTaP should not be given to anyone 7 years of age or older because pertussis vaccine is only licensed for children under 7.

But older children, adolescents, and adults still need protection from tetanus and diphtheria. A booster shot called Td is recommended at 11-12 years of age, and then every 10 years. There is a separate Vaccine Information Statement for Td vaccine.

Diphtheria/Tetanus/Pertussis

7/30/2001

Exhibit C page (5)

D050

BRADFORD REGIONAL MEDICAL CENTER
EMERGENCY DEPARTMENT
 INSTRUCTIONS FOR FOLLOW-UP CARE

EMERGENCY ROOM
 PHONE (814) 362-8274

Name

Adrian S. S. S.

THANK YOU FOR CHOOSING BRMC EMERGENCY DEPARTMENT FOR YOUR MEDICAL NEEDS. WE HOPE YOU ARE SATISFIED WITH THE CARE YOU RECEIVED. PLEASE CALL THE EMERGENCY ROOM AT (814) 362-8274 OR THE PATIENT REPRESENTATIVE AT (814) 362-8670 IF THERE IS ANY PROBLEM. YOU HAVE RECEIVED CARE FOR AN ACUTE CONDITION. DIAGNOSIS IS NOT ALWAYS CLEAR-CUT UNDER THESE CIRCUMSTANCES AND INDIVIDUAL RESPONSE TO ILLNESS, INJURY AND TREATMENT IS UNPREDICTABLE AT TIMES. THEREFORE, SHOULD ANY OF THE FOLLOWING OCCUR, PLEASE CONTACT OR REPORT TO THE EMERGENCY ROOM OR YOUR PRIVATE PHYSICIAN. ☐ card given

Your current symptoms persist or worsen

New symptoms develop particularly

You feel you are having difficulty with medication

You have any questions that you feel are important,

Other Instructions:

*We encourage you to follow up with Dr. Bann
 in 48 hrs.*

Reviewed by D. Olson, MD
 Date: 9/21/13

☐ MEDICATION

- The medication you have been prescribed may cause drowsiness. Do not drink alcohol, operate machinery or drive a vehicle while using. ☐ medication information sheet given.

CULTURE REPORTS

- You will be contacted if your culture results indicate that a change in your treatment will be needed.

X-RAY REPORTS

Your x-rays have been read by the Emergency Room physician. They will also be interpreted by a radiologist tomorrow. Should there be a significant change in diagnosis, you will be notified.

WOUND CARE WOUND CARE

WOUND CARE WOUND CARE

WOUND CARE WOUND CARE

WOUND CARE WOUND CARE

Physician Signature

Nurse Signature

I understand the instructions given to me by the physician



Exhibit C

Date

9/21/13

D051

7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUC.

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
8/31/03 1000	<p>③ ReV IM RE Chemical burn + keratitis sustained in assault IM states: ① eye vision is back to normal ② eye vision is still blurry</p> <p>① ④ Scaling Facial Lesions: epidermis is sloughing off revealing hypopigmented subdermal tissue.</p> <p>① Crusting noted on lesions on nose: yellowish crusts</p> <p>① pus noted at eyelid margins / eyelashes lower lids > upper lids; Left eye > Rt eye.</p> <p>① Peri Orbital EDEMA (L) eye.</p> <p>① vesicle / lesion (L) lateral frontal area</p> <p>EYES: sclera - white conjunctiva - pink anterior chambers clear Lens: clear</p> <p>Fluorescein test: ① brightly fluorescein lesions seen.</p>
	<p>① - Chemical burns to face & cellulitis - Chemical keratitis, bilateral</p> <p>① 0. Cleaned facial lesions w/ NS & H₂O₂. IM to Apply Silvadene. 1. Keflex 500mg Tpo QID x 10 days 2. Motrin 600mg Tpo & food/milk QID prn pain. 3. Silvadene Cream Apply to facial lesions BID.</p> <p>4. CONSULTED DR. OLSON (DR. OLSON) ... 1, 2, 3 above are good. IM to Continue Erythromycin ophthalmic ointment No topical ophthm steroids at this time.</p> <p>5. ReV in 1 day.</p> <p>6. IM understands Tx plan.</p>

SHU
8/31
Steven Labrozzi, RPh
Pharmacist

SHU
Steven Labrozzi, PA-C
Physician Assistant

Reviewed by D. Olson, MD
Date 9/2/03

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART / SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO	RELATIONSHIP TO SPONSOR	REGISTER NO
WARD NO			

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 5-74)
Prescribed by GSA/ICMR
GIRM (41 CFR) 201-9.202-1

D052

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(8.)

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
8/1/03	50 Re v burns.
0915	Healed doing ok. Is still using eye drops - was informed to continue
	0: NAD
	H2EM: area of face - hypopigmentation, ① exudate, ① erythema
	A: 4/1 burns.
	① ① Flu tomorrow (Re v by AM nurse)
	① Education - continue meds - 1st undantant
	scheduled Dr appt
	Reviewed by D. Olson, MD
	Date: 9/2/03
	Eris Asp Pte
	Eris Asp PA-C

D053

3-110

NSN 7540-00-634-4127

MEDICAL RECORD

CONSULTATION SHEET

REQUEST

FROM: (Requesting physician or activity)

DATE OF REQUEST

OPTOMETRIST

Dennis Olson, MD, CD

REASON FOR REQUEST (Complaints and findings)

EYE EXAM: Chemical burn to face entered 8/30/03
 9/2/03 seen by ophthalmologist
 SUBJECTIVE: muscle out, pepper, and over
 clearer

PROVISIONAL DIAGNOSIS

DOCTOR'S SIGNATURE

D. OLSON, M.D.

APPROVED

PLACE OF CONSULTATION

☐ ROUTINE☐ TODAY☐ BEDSIDE☐ ON CALL☐ 72 HOURS☐ EMERGENCY

CONSULTATION REPORT

RECORD REVIEWED ☐ YES ☐ NOPATIENT EXAMINED ☒ YES ☐ NO

Visual Acuity Distance OD 20/100

OS 20/100

TONOMETRY:

OD 16 mmHg
 OS 14 mmHg
 10:40

External

Near OD OS
 open angles - dilute with (50% Mydrin)
 70 normal no injection, no return
 no staining corneas normal
 no tearing

Internal

Re fraction OD -1.75 - .75 x 5 20/25
 OS -2.50 - .50 x 10 20/60

Dilated Retinal Exam - normal

48 x 22 x 6 1/4

Diagnosis CMA

Normal corneal appearance - no stain
 no tearing

Analysis

requires glasses - left eye

TO U/R

Plan

order glasses
 Discuss results with medical staff
 (Continue on reverse side)

Consult ophthalmology

NAME AND TITLE

Christian J. Hernandez

REVIEWED

ID NUMBER

ORGANIZATION

FBI-McKean

REGISTER NO.

20103-018

DATE

9/24/03

WARD NO.

CONSULTATION SHEET

Medical Record

D054

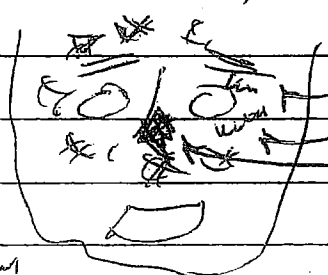
Exhibit C page (9.)

7640-00-634-1176

AUTHORIZED FOR LOCAL REPROD

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT	TREATING ORGANIZATION (Sign each entry)
11/2/03 1445hr	Check back chemical burn to face on 8/29/03	
	1) feeling OK, using Silvadene Bp 120/80 vision OK @ eye - still blurry P 70 (2) eye, had contact materials T 98° thrown in face 8/29/03	
	2) look OK counts fingers at 4 feet He has no conceal standing or flowers on hypopigmented area mid face - nose around eyes Silvadene ointment	
	3) Partial thrush burn midface conceal none	
	4) PT ed - use of Silvadene, F/u blurry vision. fever Silvadene (Disp 30 gm) use daily RF Q3 day x 2 wk	
9/3/03	CB 1 wk, interval 9/3/03	IN Breen

Reviewed By:

V. Geza, PharmD

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART /SERVICE

H. RECORDS MAINTAINED AT
FBI MCKEANCI McKean

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR

PATIENT'S IDENTIFICATION (For typed or written entries give Name last, first, middle, ID No or SSN; Sex; Date of Birth, Rank/Grade)

REGISTER NO

20102-018

WARD NO

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-5.202-1

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(11.)

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT	TREATING ORGANIZATION (Sign each entry)
9/3/03	ADMIN NOTE... IMA seen yesterday by Dr. Beam.	
1315	Per Dr. Beam... He daily checks. Place MA on call-outs to see Ophthalmologist on Wednesday 9/10	
		<i>S. Labrozzi</i> Steven Labrozzi, PA-C Physician Assistant
9/5/03	S - Burns healing well, some blurred vision	
0730	(U) eye, & pain	
	O - Face - healing burns (hypopigmented areas) some crusting	
5/14	A - (1) 20 Facial Burns - healing well see note 9/2/03, 8/30/03, yes approx clear was on to see eye Dr 9/3/03 but unable to be seen P - (1) I instructed PA to bring patient to HSA for burn evaluation & eye exam today (2) PA led - finding explained, prognosis he understands (3) Reached eye Dr appt	
9/5/03	(3) Cerv Burns, Vision	
1300	(4) vision heavily OD 20/40 OS worse than 20/200 Neo-pink conjunctiva - white Fluorescein test: (+) - no tears ophthalmoscope exam - cornea reflexes intact anterior chamber, vitreous clear (5) 10/10/03 - vision OD 20/40 OS 20/200 (6) 10/10/03 - vision OD 20/40 OS 20/200 (7) 10/10/03 - vision OD 20/40 OS 20/200	<i>D. Olson</i> D. Olson, MD Clinical Director
		<i>Steven Labrozzi</i> Steven Labrozzi, PA-C Physician Assistant

CHRONOLOGICAL RECORD OF MEDICAL CARE

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

1/9/03
1400h

d) most of facial burns are completely healed and repigmented (!)
with no receipt of sc. remaining healing
under @ eye; also (P. Shoulder has (delivered)
a resolving burn 4x6cm - he has
oral ABX and Gilvadene which he's using

D) Prod. continue medr
Redeek looks d prod

Steven Labrozzi, RPh
Pharmacist

H. BEAM, M.D.
FELMCKE

4/11/03 Admin. Note - refill needed
1100 Rx 1) Silvadine to areas BID #1 and
2) Motrin for night pain TID prn

RECORDS MAINTAINED AT

FCI McKean

WARD NO

Medical Record

STANDARD FORM 800 (REV. 6-97)
Prescribed by GSA/ICMR
FPMR (41 CFR) 201-9.202-1

D057

Exhibit C page (12)

(13)

Medication Summary Sheet

Ord.Date DONALDSON, SADRICK B. SAYLOR
08/30/03 20102-018 (0)Refills

Exp.Date 11/27/03
APPLY TO AFFECTED BURN AREAS ON
YOUR FOR FACE 2 TIMES DAILY.

Rx # 154132 SILVER SULFADIAZINE CREAM 1% GM #1

Ord.Date DONALDSON, SADRICK S. LABROZZI
08/31/03 20102-018 (0)Refills

Exp.Date 09/19/03
TAKE 1 CAPSULE 4 TIMES DAILY FOR
10 DAYS. (ANTIBIOTIC)

Rx # 154134 CEPHALEXIN 500 MG CAP #40

Ord.Date DONALDSON, SADRICK S. LABROZZI
09/31/03 20102-018 (1)Refills

Exp.Date 09/29/03
TAKE 1 TABLET WITH FOOD OR MILK 3
TIMES DAILY AS NEEDED FOR PAIN.

Rx # 154135 IBUPROFEN 800 MG TAB #21

Ord.Date DONALDSON, SADRICK H. BEAM, MD
09/03/03 20102-018 (5)Refills

Exp.Date 10/02/03
APPLY A THIN LAYER DAILY TO FACIAL
BURNS

Rx # 154236 SILVER SULFADIAZINE CREAM 1% GM #1

14.

Eyeglass Prescription

TRAY NO.		ARRIVAL DATE		PRESCRIPTION NO.					
INSTITUTION:									
CITY									
STATE									
ZIP									
LENSES				<i>Donaldson, Linda</i> <i>20102 - 018</i> <i>5 - 17 - 10 an</i>					
EXTRA									
FRAME OR MTG									
MISC									
DISTANCE	R	SPHERE	CYLINDER	AXIS	PRISM	DIRECTION	IN	DEC	OUT
	L	-1.75	-75	5					
ADD	R	-2.50	-50	10					
	L								
SEGMENT INSTRUCTIONS									
SEG. STYLE	ORTH. F TILLER D	EXECUTIVE TYPE	KRYPTOK	PANOPTIK	CURVED TOP	TRIFOCAL AND TYPE	PUPILLARY WIDTH		
							DIST.	NEAR	OTHER.
							70	X	
	22		22	22-24	22-25		22	20	45
							25	35	
FRAME OR SHAPE				EYE SIZE		BRIDGE SIZE		TEMPLE LENGTH AND STYLE	
20				4		20		6.8	

SPECIAL INSTRUCTIONS
 () LENS ONLY
 () FRAMES ONLY

Mail to:
 Federal Prison Industries
 Box 100
 Butner, N.C. 27509

15610-100
 USP 100

U.S. GOVERNMENT PRINTING OFFICE: 1984

BP-357(80)
 MAY 1984

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D059